MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/565289	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2	1	/					52							
3		/					53							
4		/					54							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1						TOTAL IND.							
TOTAL DEP.	10						TOTAL DEP.							
TOTAL CLAIMS	11						TOTAL CLAIMS							

PTO - 1360 (REV. 11/94)

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